

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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A Public Document

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

City Manager's Office

Designated Agency Contact (Name, Title)

David Sykes, City Manager

Area Code/Phone Number

(408) 535-8100

E-mail

webmaster.manager@sanjoseca.gov

Date Stamp

2019 JUN 18 PM 2:41

California
Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 100.00

Event Description: Churchill Club Top 10 Tech Trends

Provide Title/Explanation

Date(s) 5 / 16 / 19

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Alaska Airlines
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Barnes, Rosemary	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: City of San Jose representative at event
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

D. Sykes
Signature of Agency Head or Designee

D. SYKES
Print Name

CITY MANAGER
Title

6/14/19
(month, day, year)

Comment: _____